



COLD RELATED EMERGENCIES

FIELD ASSESSMENT/TREATMENT INDICATORS

MILD HYPOTHERMIA

1. Decreased core temperature.
2. Cold, pale extremities.
3. Shivering, reduction in fine motor skills.
4. Loss of judgment and/or altered level of consciousness or simple problem solving skills.

SEVERE HYPOTHERMIA

1. Severe cold exposure or any prolonged exposure to ambient temperatures below 36 degrees with the following indications:
 - a. Altered LOC with associated behavior changes.
 - b. Unconscious.
 - c. Lethargic.
2. Shivering is generally absent.
3. Blood pressure and heart sounds may be unobtainable.

SUSPECTED FROSTBITE

1. Areas of skin that are cold, white, and hard to touch.
2. Capillary refill greater than two (2) seconds.
3. Pain and/or numbness to affected extremity.

BLS INTERVENTIONS

1. Remove from cold/wet environment; remove wet clothing and dry patient.

2. Begin passive warming.
3. Insulate and apply wrapped heat packs, if available, to groin, axilla and neck. This process should be continuous.
4. Maintain appropriate airway with oxygen as clinically indicated (warm, humidified if possible).
5. Assess carotid pulse for a minimum of 1-2 minutes. If no pulse palpable, place AED if available, per Protocol Reference #10130. If no shock advised, begin CPR.
6. Insulate to prevent further heat loss.
7. Elevate extremity if frostbite is suspected.
8. Do not massage affected extremity.
9. Wrap affected body part in dry sterile gauze to prevent further exposure and handle with extreme care.

ALS INTERVENTIONS

1. Obtain vascular access.
2. Cardiac Monitor.
3. Consider blood glucose determination and provide treatment as clinically indicated.
4. For complaints of pain in affected body part:
 - a. Pediatric – Morphine Sulfate 0.1 mg/kg IV not to exceed 2mg increments, for a total of 5mg or Morphine Sulfate 0.2mg/kg IM, for a total of 10mg IM, titrated for pain relief.
 - b. Adult – Morphine Sulfate 2mg IV, may repeat in 2mg increments, not to exceed 10mg IV, or Morphine Sulfate 10mg IM may repeat IM dosage one time for pain relief.
5. In Radio Communication Failure, the EMT-P may administer a repeat dosage of Morphine Sulfate.
6. Advanced airway as clinically indicated.
7. Obtain vascular access and administer fluid bolus.

- a. Nine (9) years and older: 500ml warmed NS, may repeat.
 - b. Birth to eight (8) years: 20ml/kg warmed NS, may repeat.
8. Obtain rhythm strip for documentation.
9. For documented VF, Pulseless V-Tach:

Defibrillate one (1) time at manufacturer recommended dose. Do not defibrillate again until patient has begun to warm.
10. For documented asystole:
 - a. Begin CPR.
 - b. May give additional fluid bolus
11. Contact Base Station.